

PageID #: 1810  
FOR OFFICIAL USE ONLY

Midland Funding, LLC v. Andrea Brent v. Midland  
Credit Management, Inc.  
Case No. 3:08-cv-01434  
United States District Court  
For the State of Ohio, Western Division

### CLAIM FORM



Steven Wiggins

#### I. INSTRUCTIONS

If you are a member of the class, as defined in the attached notice of pendency of class action settlement, then, in order to receive a distribution you must return this form, **POSTMARKED no later than** \_\_\_\_\_, to the following address:

Midland Settlement Administrator

#### II. CLAIMANT INFORMATION

Please fill in the following information and sign below.

A. Name of Claimant: \_\_\_\_\_  
Last First Middle Initial

B. Claimant's Address: \_\_\_\_\_  
Street State Zip Code

C. Claimant's Day Time Phone Number: (\_\_\_\_) \_\_\_\_\_

#### III. ELECTION CONCERNING PARTICIPATION

Please check one of the following elections related to this lawsuit:

☒ I want to be included in the class action and receive any recovery to which class members are entitled. I confirm that Midland filed a lawsuit against me.

☐ I do not want to be included in the class.

Dated: 3/24/2011

By:

Signature

DO NOT ADDRESS ANY QUESTIONS ABOUT THE CASE TO THE CLERK OF THE COURT OR TO THE JUDGE. THEY ARE NOT PERMITTED TO ANSWER YOUR QUESTIONS.



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## CLAIM FORM



Monica Tanner

## I. INSTRUCTIONS

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Midland Settlement Administrator

## II. CLAIMANT INFORMATION

Please fill in the following information and sign below.

A. Name of Claimant: \_\_\_\_\_  
Last First Middle Initial

B. Claimant's Address: \_\_\_\_\_  
Street State Zip Code

C. Claimant's Day Time Phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

## III. ELECTION CONCERNING PARTICIPATION

Please check one of the following elections related to this lawsuit:



I want to be included in the class action and receive any recovery to which class members are entitled. I confirm that Midland filed a lawsuit against me.



I do not want to be included in the class.

Dated: 3/18/11

By:

Signature

*Monica Tanner*

DO NOT ADDRESS ANY QUESTIONS ABOUT THE CASE TO THE CLERK OF THE COURT OR TO THE JUDGE. THEY ARE NOT PERMITTED TO ANSWER YOUR QUESTIONS.



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## CLAIM FORM



*Sackie Gilliam*

## I. INSTRUCTIONS

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Midland Settlement Administrator

## II. CLAIMANT INFORMATION

Please fill in the following information and sign below.

A. Name of Claimant: \_\_\_\_\_  
Last First Middle Initial

B. Claimant's Address: \_\_\_\_\_  
Street State Zip Code

C. Claimant's Day Time Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## III. ELECTION CONCERNING PARTICIPATION

Please check one of the following elections related to this lawsuit:

☒ I want to be included in the class action and receive any recovery to which class members are entitled. I confirm that Midland filed a lawsuit against me.

☒ I do not want to be included in the class.

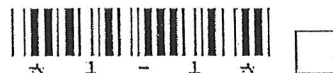
Dated: 03/21/2011

By:

Signature

*Sackie C. Gilliam*

DO NOT ADDRESS ANY QUESTIONS ABOUT THE CASE TO THE CLERK OF THE COURT OR TO THE JUDGE. THEY ARE NOT PERMITTED TO ANSWER YOUR QUESTIONS.



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### CLAIM FORM



Robert Canipe

#### I. INSTRUCTIONS

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Midland Settlement Administrator

#### II. CLAIMANT INFORMATION

Please fill in the following information and sign below.

A. Name of Claimant: \_\_\_\_\_  
Last First Middle Initial

B. Claimant's Address: \_\_\_\_\_  
Street State Zip Code

C. Claimant's Day Time Phone Number: (\_\_\_\_) \_\_\_\_\_

#### III. ELECTION CONCERNING PARTICIPATION

Please check one of the following elections related to this lawsuit:

- ☒ I want to be included in the class action and receive any recovery to which class members are entitled. I confirm that Midland filed a lawsuit against me.
- ☐ I do not want to be included in the class.

Dated: 3/22/11

By:

Signature

Robert Canipe

DO NOT ADDRESS ANY QUESTIONS ABOUT THE CASE TO THE CLERK OF THE COURT OR TO THE JUDGE. THEY ARE NOT PERMITTED TO ANSWER YOUR QUESTIONS.



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### CLAIM FORM



Tomuha Nixon

#### I. INSTRUCTIONS

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Midland Settlement Administrator

#### II. CLAIMANT INFORMATION

Please fill in the following information and sign below.

A. Name of Claimant: \_\_\_\_\_  
Last First Middle Initial

B. Claimant's Address: \_\_\_\_\_  
Street State Zip Code

C. Claimant's Day Time Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

#### III. ELECTION CONCERNING PARTICIPATION

Please check one of the following elections related to this lawsuit:



I want to be included in the class action and receive any recovery to which class members are entitled. I confirm that Midland filed a lawsuit against me.



I do not want to be included in the class.

Dated: 03/22/2011

By:

Signature

Tomuha S. Nixon

DO NOT ADDRESS ANY QUESTIONS ABOUT THE CASE TO THE CLERK OF THE COURT OR TO THE JUDGE. THEY ARE NOT PERMITTED TO ANSWER YOUR QUESTIONS.



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## CLAIM FORM



Sandra Morrow

## I. INSTRUCTIONS

If you are a member of the class, as defined in the attached notice of pendency of class action settlement, then, in order to receive a distribution you must return this form, POSTMARKED no later than \_\_\_\_\_, to the following address:

Midland Settlement Administrator

## II. CLAIMANT INFORMATION

Please fill in the following information and sign below.

A. Name of Claimant: SANDRA MORROW PARO  
Last First Middle Initial

B. Claimant's Address: 78 BARST VILLAGE RD FRONT ROYAL VA 22630  
Street State Zip Code

C. Claimant's Day Time Phone Number: 824 283 5208

## III. ELECTION CONCERNING PARTICIPATION

Please check one of the following elections related to this lawsuit:

I want to be included in the class action and receive any recovery to which class members are entitled. I confirm that Midland filed a lawsuit against me.



I do not want to be included in the class.

Dated: 3/19/11

By:

Signature

DO NOT ADDRESS ANY QUESTIONS ABOUT THE CASE TO THE CLERK OF THE COURT OR TO THE JUDGE. THEY ARE NOT PERMITTED TO ANSWER YOUR QUESTIONS.



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### CLAIM FORM



*Darlene Reese*

#### I. INSTRUCTIONS

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Midland Settlement Administrator

#### II. CLAIMANT INFORMATION

Please fill in the following information and sign below.

A. Name of Claimant: \_\_\_\_\_  
Last First Middle Initial

B. Claimant's Address: \_\_\_\_\_  
Street State Zip Code

C. Claimant's Day Time Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

#### III. ELECTION CONCERNING PARTICIPATION

Please check one of the following elections related to this lawsuit:

- ☒ I want to be included in the class action and receive any recovery to which class members are entitled. I confirm that Midland filed a lawsuit against me.
- ☐ I do not want to be included in the class.

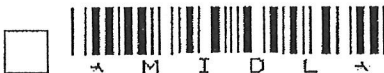
Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

By:

Signature

*Darlene Reese*

DO NOT ADDRESS ANY QUESTIONS ABOUT THE CASE TO THE CLERK OF THE COURT OR TO THE JUDGE. THEY ARE NOT PERMITTED TO ANSWER YOUR QUESTIONS.





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## CLAIM FORM



Jennifer Rentz

## I. INSTRUCTIONS

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Midland Settlement Administrator

## II. CLAIMANT INFORMATION

Please fill in the following information and sign below.

A. Name of Claimant: \_\_\_\_\_  
Last First Middle Initial

B. Claimant's Address: \_\_\_\_\_  
Street State Zip Code

C. Claimant's Day Time Phone Number: (\_\_\_\_) \_\_\_\_\_

## III. ELECTION CONCERNING PARTICIPATION

Please check one of the following elections related to this lawsuit:



I want to be included in the class action and receive any recovery to which class members are entitled. I confirm that Midland filed a lawsuit against me.



I do not want to be included in the class.

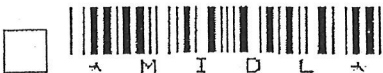
Dated: 3/22/11

By:

Signature

Jennifer Rentz

DO NOT ADDRESS ANY QUESTIONS ABOUT THE CASE TO THE CLERK OF THE COURT OR TO THE JUDGE. THEY ARE NOT PERMITTED TO ANSWER YOUR QUESTIONS.





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## CLAIM FORM



Linda Johnson

## I. INSTRUCTIONS

If you are a member of the class, as defined in the attached notice of pendency of class action settlement, then, in order to receive a distribution you must return this form, **POSTMARKED no later than** \_\_\_\_\_, to the following address:

Midland Settlement Administrator

## II. CLAIMANT INFORMATION

Please fill in the following information and sign below.

A. Name of Claimant: \_\_\_\_\_  
Last First Middle Initial

B. Claimant's Address: \_\_\_\_\_  
Street State Zip Code

C. Claimant's Day Time Phone Number: (\_\_\_\_) \_\_\_\_\_

## III. ELECTION CONCERNING PARTICIPATION

Please check one of the following elections related to this lawsuit:



I want to be included in the class action and receive any recovery to which class members are entitled. I confirm that Midland filed a lawsuit against me.



I do not want to be included in the class.

Dated: 03/27/11

By:

Signature

*Linda Johnson*

DO NOT ADDRESS ANY QUESTIONS ABOUT THE CASE TO THE CLERK OF THE COURT OR TO THE JUDGE. THEY ARE NOT PERMITTED TO ANSWER YOUR QUESTIONS.



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## CLAIM FORM



<<NAME>>  
<<ADDRESS1>>  
<<ADDRESS2>>  
<<CITY>><<ST>><<ZIP CODE>>

### I. INSTRUCTIONS

If you are a member of the class, as defined in the attached notice of pendency of class action settlement, then, in order to receive a distribution you must return this form, **POSTMARKED no later than 03-21-2011**, to the following address:

Midland Settlement Administrator

### II. CLAIMANT INFORMATION

Please fill in the following information and sign below.

A. Name of Claimant: Branks Anthony L  
Last First Middle Initial

B. Claimant's Address: 68 Hancock VA 20176  
Street State Zip Code

C. Claimant's Day Time Phone Number: 703 443 1048

### III. ELECTION CONCERNING PARTICIPATION

Please check one of the following elections related to this lawsuit:

- ☒ I want to be included in the class action and receive any recovery to which class members are entitled. I confirm that Midland filed a lawsuit against me.
- ☐ I do not want to be included in the class.

Dated: 03/21/2011

By:

Signature of Claimant: Anthony L. Branks

**DO NOT ADDRESS ANY QUESTIONS ABOUT THE CASE TO THE CLERK OF THE COURT OR TO THE JUDGE. THEY ARE NOT PERMITTED TO ANSWER YOUR QUESTIONS.**

